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Maternity
and Neonatal
Conversation
Wales

Maternity and Neonatal Conversation Wales: Findings and Analysis Report



Executive Summary

The Maternity and Neonatal Conversation Wales, the engagement of the workforce undertaken to develop the Strategic Perinatal Workforce Plan. This took place in October and November 2023.

Rooted in Health Education and Improvement Wales' commitment to engaging the workforce, the Conversation was designed to support shaping a long-term strategic workforce plan. The plan aims to ensure that we recruit, retain, train, and transform the perinatal workforce.

As part of this process, we also hoped to foster a one perinatal team identity. The Conversation was held over various channels, including online webinars, face-to-face events, and Microsoft Forms to conduct this comprehensive workforce engagement.

The analysis distilled ten key insights vital for shaping the Strategic Perinatal Workforce Plan:

1. **Staffing Levels:** Urgent calls for increased staffing to address workload, stress, burnout, and enhance patient care.
2. **Digital Transformation:** Acknowledgment of the need to embrace digital and technological advances for efficiency, including AI, data analytics, and electronic systems.
3. **Training and Support:** Critical importance is placed on continuous professional development, leadership training, non-clinical learning, and fostering a culture prioritising ongoing education.
4. **Workforce Wellbeing:** Strategies sought to address high-pressure environments, improve working conditions, and cultivate positive workplace cultures.
5. **Collaboration and Communication:** A push for enhanced collaboration on an All-Wales basis, with networking and regional working embedded across services and sectors.



6. **Retention and Attraction Strategies:** Emphasis on improved working conditions, better pay, clear career pathways, and work-life balance for better retention and attraction.
7. **Transformational Leadership:** Desire for compassionate leadership principles, transparency, support, fairness, diversity, and collaboration across the NHS.
8. **Patient-Centred Care:** Commitment to patient-centred care, advocating for specialised roles, acknowledging service impact on patient outcomes, and a plea for a holistic healthcare approach.
9. **Standardisation and Innovation:** A vision for a balanced approach between standardised practices and innovative solutions in addressing perinatal healthcare challenges.
10. **Career Development and Diversity:** Recognition of the importance of career development, inclusion, and diversity. With calls for equitable investment in training programs and opportunities for diverse roles.

The engagement has been an essential component of developing the Strategic Perinatal Workforce Plan and now serves as a baseline for the workforce to benchmark the Plan against. This report will now proceed to describe the findings in detail and will support the programme team and wider stakeholders in developing the Plan.



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Background

The Maternity and Neonatal Conversation Wales was held under the Strategic Perinatal Workforce Plan programme of work. The programme will develop a Plan that will recruit, retain, train, and transform the perinatal workforce. It took place during October and November 2023.

A key pillar of HEIW’s approach to developing a strategic workforce plan is the **engagement of the workforce**. Engaging the workforce is essential because often the long-term ideas we need to transform the perinatal profession belong in the workforce themselves.

As part of this exercise, we have been keen to promote a **one perinatal team** identity, however, we recognised there are competing definitions regarding this. Therefore, we used the name Maternity and Neonatal Conversation Wales so that our professionals felt included and involved as part of the engagement.

The perinatal profession comprises professionals from across the multidisciplinary team, such as the medical profession, the nursing and midwifery profession, the healthcare sciences and allied health professions.

Planning of the Conversation was overseen by an Engagement Project Group including clinical leaders, communication officers and programme managers.

A range of fora were developed to give the workforce the best possible opportunity to engage. We held a series of **online webinars, face-to-face events** across Wales, and received responses through a **Microsoft Form**.

We asked questions, ranging from asking participants what their vision of perinatal teams looks like in 10 years’ time, to detailed questions on leadership and management. We opened discussions on the themes of recruitment, retention, training, and transformation.

We had a strong online presence promoting the engagement. Including social media posts being seen **57,409 times** over the course of the engagement, and posts displayed (impressions) on Facebook and LinkedIn **79,127** times. Whilst these posts would have gone well beyond the intended audience, the Conversation social media activity demonstrated a determination to reach as much as the workforce as possible.



Participation Statistics

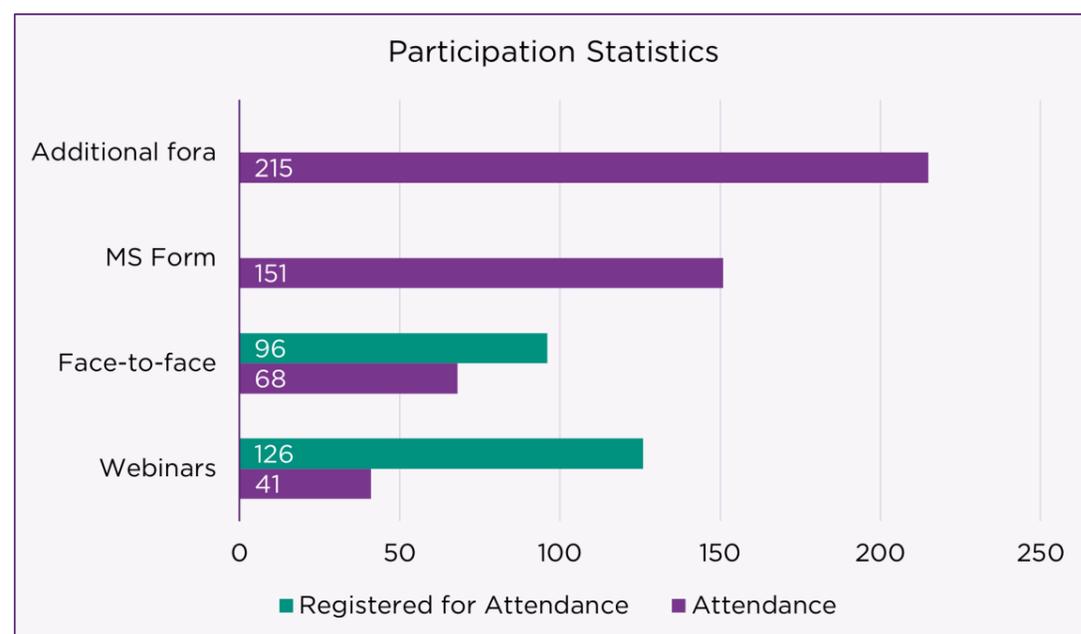
- Throughout the course of the engagement, we received **475** responses.
- There were **151** responses on our Microsoft Form.
- 68** people attended our face-to-face events, with **96** registering in total.
- 41** people attended our online webinars, with **126** registering.
- We also interacted with **215** additional perinatal workforce colleagues through other meetings and fora.

We cannot account for individuals engaging through multiple channels; however, this gives a response rate (responses/size of workforce) of **16.4%**. Our contact rate (responses + registrations/size of workforce) was **21.2%**.

This engagement took place in a crowded space, with the NHS Wales Staff Survey happening at the same time, and with service pressures being pronounced. This level of participation has been positive and gives us a real insight into what the workforce is thinking.

However, certain professions engaged more than others. We had strong representation from nursing, medical and midwifery. We also saw AHPs engage with the Conversation incredibly well, which demonstrates the AHP community's desire to feel an integral part of the perinatal team.

However, we saw under-representation from the maternity and neonatal support workforce. More information about this can be found further down.



Microsoft Form

The Microsoft Form asked a series of questions relating to workforce matters. It was open 24/7 and was anonymous. The nature of the MS Forms did allow us to capture demographic data that we were unable to collect for the face-to-face events and webinars.

We had representation from across our Health Boards and the professional groups. With Cardiff and Vale University Health Board especially well-represented, and neonatal nurses and midwives achieving the highest responses.

A critical finding to highlight is the low representation from the **maternity and neonatal support workforce**. They did not participate through the Form, nor did they participate in the wider engagement.

This was also a theme in the Nursing Workforce Plan's **Our Big Conversation**. We heard healthcare support workers often do not have the same levels of IT access. But also, they often do not feel an integral part of the perinatal team.

Efforts should be made across the perinatal profession to ensure healthcare support workers feel like they belong to this workforce.

Representatives		Occupation	
Aneurin Bevan University Health Board	15	Midwifery	45
Betsi Cadwalader University Health Board	22	Nursing	27
Cwm Taf Morgannwg University Health Board	11	Medicine - Neonatology	9
Cardiff and Vale University Health Board	53	Medicine - Obstetrics and Gynaecology	26
Hywel Dda University Health Board	7	Medicine - Anaesthetics	9
Powys Teaching Health Board	5	Healthcare Support Worker/Nursery Nurse/Assistant Practitioners/Playworker	1
Swansea Bay University Health Board	26	Maternity Support Worker/Maternity Healthcare Support Worker	2
Velindre NHS Trust	0	Allied Health Professional, including Psychologists	11
Welsh Ambulance Services NHS Trust	0	Healthcare Science, including Operating Department Practitioners and Radiographers	4
Other	7	Pharmacy	2
		Physician Associate	1
		Other	11

People with a wide range of experience participated in the Form, with long-serving colleagues well-represented.

Representatives			
In training	2	7-9 years	10
Less than a year	11	10-15 years	32
1-3 years	15	16-20 years	14
4-6 years	15	20+ years	47

We asked a series of questions to check the feeling and mood of the workforce now. It showed there was a strong sense of being **proud** to be part of the perinatal workforce in Wales.

Seventy-eight percent of respondents agreed with the sentiment that they were proud to belong to the workforce, with only 3% saying they were not.

When asked whether they would recommend a career in the perinatal profession, 63% said yes, with 12% saying they would not. Twenty-five percent neither agreed nor disagreed.

We also asked if participants were satisfied in their current role. Sixty-three percent said they were. Twelve percent said they were not with 25% neither agreeing nor disagreeing.

"I am proud to be part of the perinatal workforce in Wales."



- 56 Strongly agree.
- 59, Agree.
- 28, Neither agree or disagree.
- 4, Disagree.
- 0, Strongly disagree.

"I would recommend a career in the perinatal profession."



- 33 Strongly agree.
- 59, Agree.
- 36, Neither agree or disagree.
- 15, Disagree.
- 3, Strongly disagree.

"How satisfied are you in your current role."



- 35 Very satisfied.
- 62, Somewhat satisfied.
- 26, Neither satisfied nor dissatisfied.
- 17, Somewhat dissatisfied.
- 7, Very dissatisfied.

Overall messages from the Form

The main themes to emerge from the form were the following:

- ❏ **More staff:** The overwhelming theme to emerge was more staff, which was the dominant area in the word clouds produced by Microsoft.
- ❏ **Digital and technological advances:** The responses highlighted the need for the perinatal workforce to embrace digital and technological advances. Such as digital notes, e-prescribing, virtual clinics, and apps.
- ❏ **Training and support:** The workforce highlighted the need for training and support for staff to increase their digital competency and confidence in using digital systems.
- ❏ **Investment and infrastructure:** The workforce identified the need for investment in digital technologies and IT infrastructure to support the adoption of digital and technological advances.
- ❏ **Streamlining and efficiency:** The workforce discussed how digital and technological advances can improve efficiency, reduce duplication, and streamline processes. Such as documentation, stock rotation, and ordering systems.
- ❏ **Collaboration and communication:** The workforce highlighted the importance of collaboration and communication. Including sharing good practice, having a joined-up IT system, and using digital technologies to improve communication with families and between staff.

We asked a series of questions to ask what could be done to support the workforce on a range of questions:

Retention

- ❏ **Staffing and workload:** Many suggestions focus on the need to improve staffing levels, skill mix, and workload management to reduce stress and burnout among the perinatal workforce.
- ❏ **Working conditions:** Several suggestions mention the need for more flexible working hours, better rotas, and improved working conditions to support staff wellbeing.
- ❏ **Training and education:** There is a strong emphasis on the need for better training, education, and career progression opportunities to support staff development and retention.
- ❏ **Valuing staff:** Many suggestions highlight the importance of valuing and respecting staff, listening to their opinions, and providing them with appropriate recognition and remuneration.
- ❏ **Leadership and management:** Several suggestions mention the need for better leadership, management, and support to ensure that staff feel valued and supported in their roles.

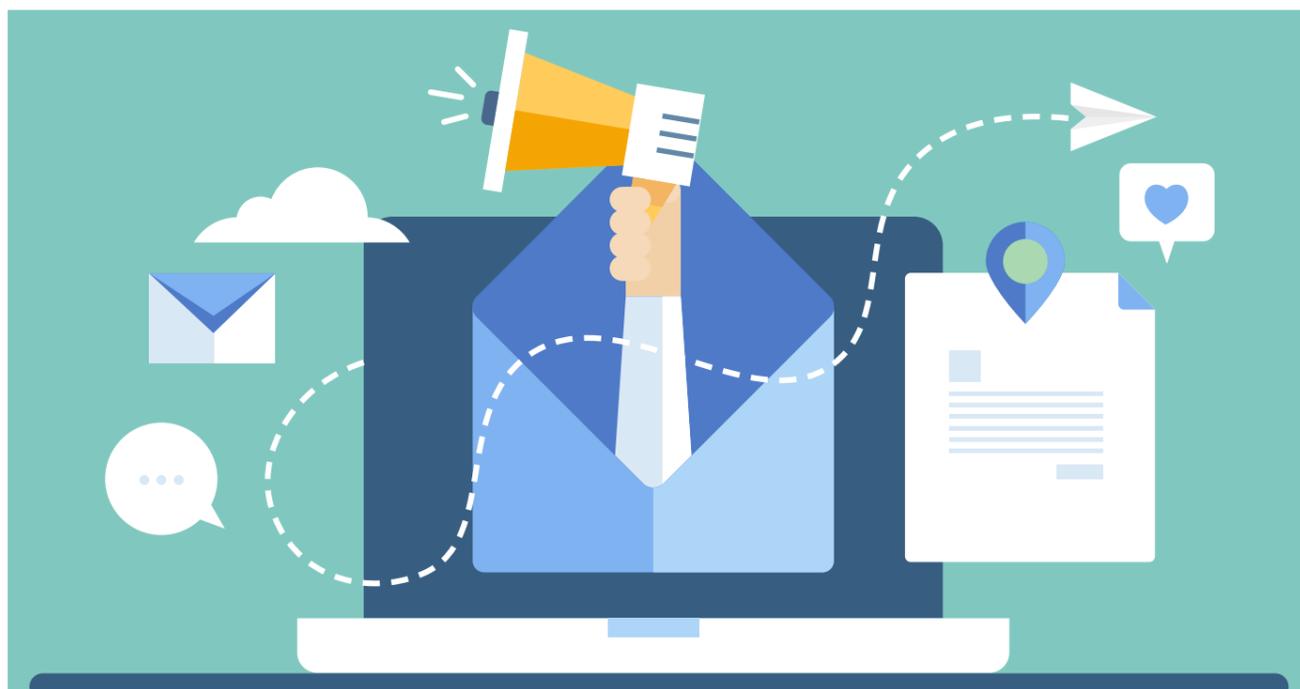
“ Give appropriate support to staff. Midwives have a lot of responsibility with very little support which often makes the role overwhelming.”

Attraction and Recruitment

- ❏ **Improving working conditions:** Many suggestions mention the need for better working conditions, including more flexible working hours, better staffing levels, and improved safety.
- ❏ **Increasing pay and benefits:** Several suggestions mention the need for better pay, benefits, and opportunities for career progression.
- ❏ **Providing training and development opportunities:** Many suggestions mention the need for more training, education, and opportunities for career development.
- ❏ **Improving work-life balance:** Several suggestions mention the need for better work-life balance, including more flexible working hours and better support for staff.
- ❏ **Promoting the field and its opportunities:** Many suggestions mention the need for better promotion of the perinatal workforce and its opportunities. Including through public awareness campaigns, outreach to schools and universities, and highlighting the positive aspects of the job.

Day-to-Day Challenges

- ❏ **Staffing:** Many suggestions mention the need for more staff, better staffing ratios, and improved staff retention.
- ❏ **Management:** Several suggestions mention the need for better management, including more supportive and empathetic managers, better communication, and more visibility from senior management.
- ❏ **Working conditions:** Many suggestions mention the need for improved working conditions, including better support for staff wellbeing, reduced administrative burdens, and improved equipment and resources.
- ❏ **Training and development:** Several suggestions mention the need for more investment in training and development, including a review of mandatory training to streamline and ensure its relevance.



Adding the most value in the next 10 years

- ❏ **Staffing:** Increase staffing, recruitment, succession planning, over-recruitment, train more students, increase training numbers.
- ❏ **Pay and Benefits:** Pay to keep up with inflation, financial support, better pay, increase pay, reduce retirement age.
- ❏ **Training and Development:** Training incentives, development frameworks, improved undergraduate training, continuous training, access to training and support. Alongside clear pathways for development and progression, and in-house development programmes.
- ❏ **Work Environment:** Promote staff wellbeing, improve culture, listen to staff, respect individual needs, accommodate staff preferences, provide psychological support. Alongside compassionate leadership, work-life balance and flexibility in working hours.
- ❏ **Role Expansion:** Create new roles, broaden horizons, non-medical staff taking over more roles, extend roles to nurses, enhanced clinical roles.
- ❏ **Investment:** Financial investment, investment in appropriate accommodation, investment in equipment, investment in antenatal services.
- ❏ **Leadership:** Knowledgeable leadership, visionary strategic development, sell the vision, shared goals, and visions.

Management

- ❏ **Leadership and Management Training:** Many respondents suggest that management staff should receive training and education in leadership and management skills.
- ❏ **Visibility and Presence:** Several respondents suggest that management staff should be more visible and present in the workplace. They should spend time on the 'shop floor' to better understand the challenges faced by staff.
- ❏ **Communication and Transparency:** Many respondents emphasise the importance of open and honest communication, transparency, and mutual respect between management and staff.
- ❏ **Support and Encouragement:** Several respondents suggest that management should provide more support and encouragement to staff and should listen to their concerns and feedback.

Leadership

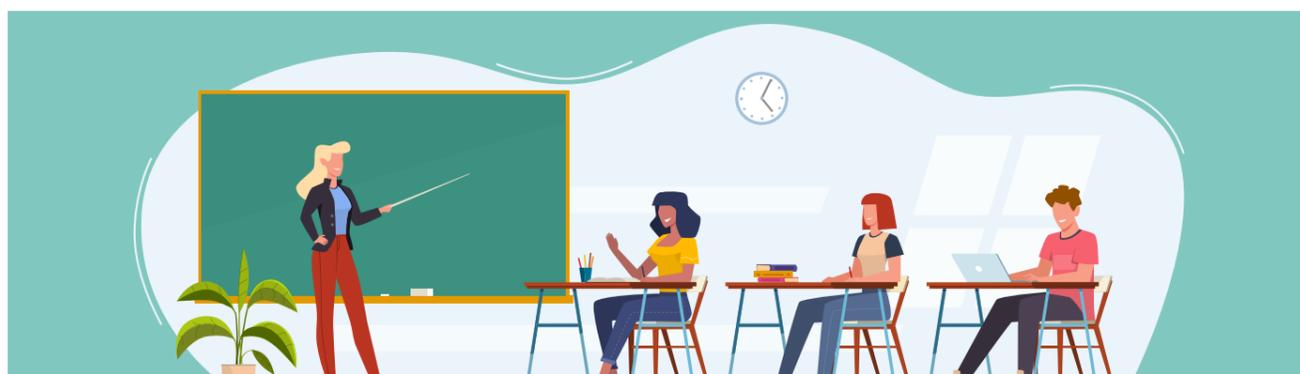
- ❏ **Training and Education:** Increase access to leadership resources, provide leadership training, offer educational programmes, and provide opportunities for career progression.
- ❏ **Visibility and Communication:** Improve transparency, increase visibility of managers, provide open and honest communication, and remove hierarchy.

“Managers need to be visible, approachable, kind and promote compassionate leadership.”

- ❏ **Support and Fairness:** Provide support for staff, promote fairness and consistency, and remove fear of whistleblowing or bullying.
- ❏ **Leadership by Example:** Leaders should lead by example, be willing to enable others to fulfil their potential, and not be afraid to muck in with everyone else.
- ❏ **Diversity and Inclusion:** Promote diversity and inclusion and provide opportunities for a variety of staff.
- ❏ **Collaboration and Teamwork:** Promote collaboration and teamwork and work together to address concerns and make improvements.

Education and Training

- ❏ **Time and funding:** Many of the recommendations suggest that there should be more time and funding allocated for education and training. This includes suggestions such as providing support for CPD time, money and study time for training, and access to more funding.
- ❏ **Standardisation and centralisation:** Several recommendations suggest that there should be a standardised and centralised approach to education and training. This includes suggestions such as centrally provided education and training, an all-Wales approach, and using a standard training/information package for staff across Wales.
- ❏ **Multi-disciplinary and joint training:** Many of the recommendations suggest that there should be more opportunities for multi-disciplinary and joint training. This includes suggestions such as joint/MDT events, shared learning opportunities, and joint training and educational sessions that are MDT.
- ❏ **Improving the quality of training:** Several recommendations suggest that the quality of training should be improved. This includes suggestions such as reducing irrelevant e-learning packages, renewing, and refreshing mandatory training, and offering national training programmes of a high standard.



Improving multi-professional working

- ❏ **Training and Education:** Many respondents suggest that broader training in perinatal mental health, joint study days, and shared learning events could improve multi-professional working.
- ❏ **Communication and Collaboration:** Improved communication, mutual respect, and understanding of each other's roles and responsibilities are also frequently mentioned as ways to improve multi-professional working.
- ❏ **Leadership and Management:** Several respondents suggest changes in leadership and management. To include better allocation of work, and improved understanding of the roles of other professions, could improve multi-professional working.
- ❏ **Staffing and Resources:** Adequate staffing levels, appropriate allocation of work, and better digital systems are also mentioned as ways to improve multi-professional working.

In summary of the responses on the Form, several critical themes emerge. Foremost among them is the unanimous call for increased staffing levels, with this being a predominant concern revealed in word clouds generated by Microsoft. Furthermore, there is a recognition of the necessity for the perinatal workforce to embrace digital and technological advances.

Such as encompassing aspects like digital notes, e-prescribing, virtual clinics, and apps. A crucial component to achieving this is the highlighted need for robust training and support mechanisms to enhance the digital competency and confidence of the workforce.

This extends to the identification of investment requirements in digital technologies and IT infrastructure to facilitate the adoption of these advances. This will support the streamlining of processes, improving efficiency, and reducing duplication.

A closer look at the questions posed reveals comprehensive insights into retention, attraction, day-to-day challenges, and strategies to add value in the next decade. Concerns around staffing and workload management, coupled with the need for better working conditions, flexible hours, and improved training, form the core of retention strategies. Attraction and recruitment strategies emphasise the improvement of working conditions, pay and benefits, career development opportunities, and work-life balance.

The day-to-day challenges faced by the workforce include staffing shortages, management issues, and the importance of investing in training and development. Looking ahead, strategies to add value over the next decade encompass a multifaceted approach. This includes staffing initiatives, improved pay and benefits, robust training, and development programmes. Alongside enhanced work environments, role expansion, significant investment, and visionary leadership.

Lastly, respondents stress the importance of leadership and management training, increased visibility, effective communication in providing support and encouragement to staff. Leadership principles revolve around training and education, visibility, transparency, support, and fairness, leading by example, diversity and inclusion, and fostering collaboration and teamwork.

The educational and training landscape requires increased time and funding, standardised approaches, multi-disciplinary training opportunities, and improving the quality of training. This is to enhance the capabilities of the perinatal workforce and improve multi-professional working. Adequate staffing and resources are seen as pivotal factors to enable this.

Face-to-face events

The face-to-face regional events were held in north Wales (Wrexham Maelor Hospital); southeast Wales (UHW) and southwest Wales (National Botanical Gardens). These events allowed for group conversation, where attendees were able to bounce ideas off each other. Group discussions had a mix of professions, Health Boards, levels of experience, and demographics represented. However, we do not have the level of participant detail we did for the Form. The discussion questions fell into five areas- **looking to the future; recruitment; retention; training and transformation.**

Looking to the future

We asked attendees what they believe are the key factors to consider for the future of the workforce over the next 10 years. They fell into these themes:

Broader Service Needs:

- ❏ Increase in specialist roles, such as diabetes.
- ❏ Multiprofessional teams - working and learning together with equitable value of each other's roles.
- ❏ Addressing gaps in perinatal mental health (PNMH) services.

Service Accommodation for Increased Needs:

- ❏ Increase in theatre spaces, teams, and induction of labour (IOLs).
- ❏ Separation of theatre streams (elective and emergency).
- ❏ Enhanced ultrasound services (USS) provision.
- ❏ Regional working opportunities to learn and support each other and maintain skills.
- ❏ Regional maternal medicine network.
- ❏ Focus on preventative work, early intervention, and collaboration among services (e.g., health visitors, perinatal mental health teams, psychology).
- ❏ Recognising and addressing the impact of Covid.

Preserving Midwifery:

- ❏ Emphasis on midwives maintaining their role as midwives.
- ❏ Recognition of the importance of midwifery in the healthcare system.

Workforce Well-being and Support:

- ❏ Consideration of psychological safety for staff.
- ❏ Recognition and support for staff dealing with birth trauma, care trauma, and perinatal support.
- ❏ Addressing staff capacity and time constraints.

Education and Training:

- ❏ Development of new curriculums in schools, influencing content to ensure public health and health promotion advice and education starts early.
- ❏ Addressing gaps in perinatal mental health education.
- ❏ Streamlining international recruitment and providing flexible options for students.
- ❏ Recognition of different generational needs in education.
- ❏ Protected time for education and training with equitable access.

Digital Systems and Technology:

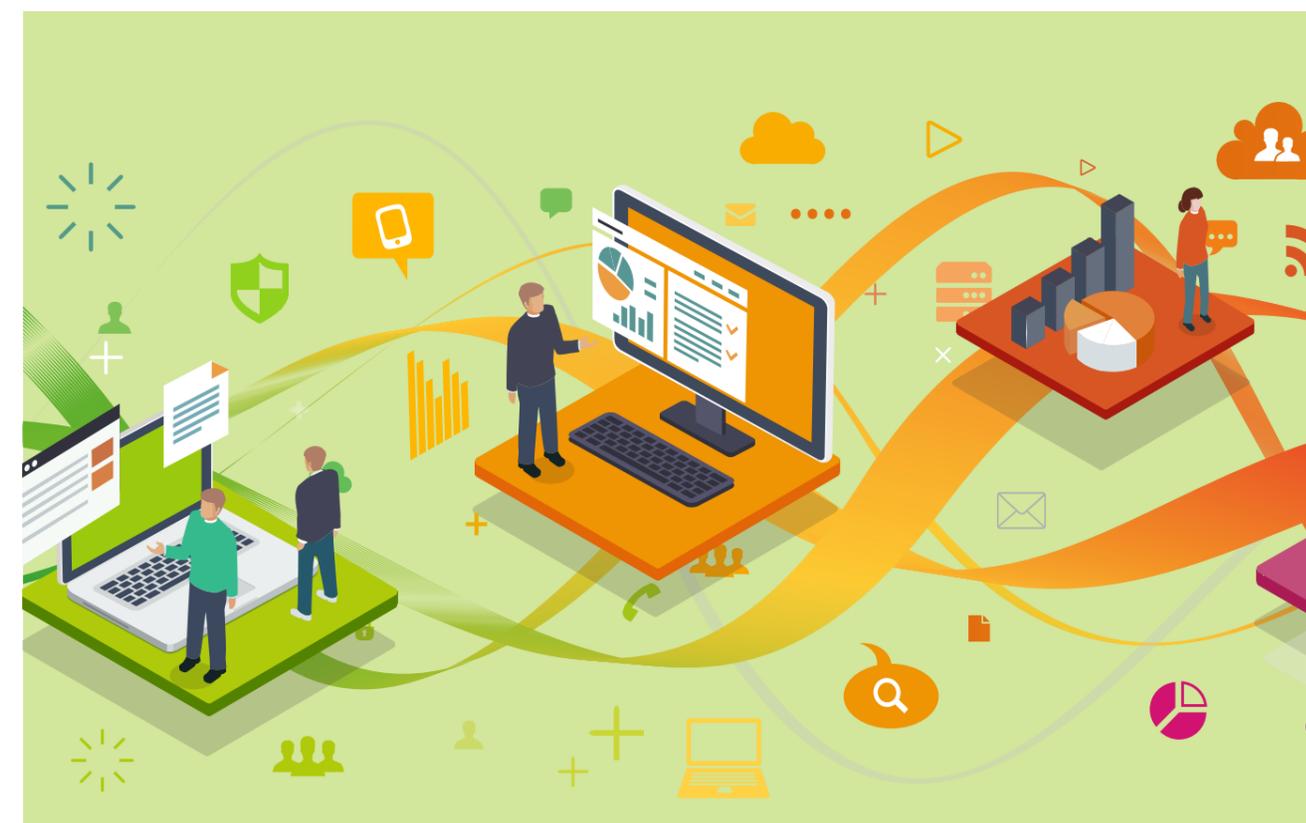
- ❏ Implementation of pan-Wales digital systems.
- ❏ Integration of IT professionals to reduce administrative burdens.
- ❏ Development of a national digital maternity system and central data point.

Public Health and Preventive Measures:

- ❏ Consideration of public health, especially pre-conception.
- ❏ Implementation of e-prescribing.
- ❏ Exploration of additional resources like flow coordinators and network managers.

Regional Considerations:

- ❏ Recognition of regional nuances and variations.
- ❏ Development of co-produced services that consider regional differences.
- ❏ Focus on workforce recruitment into rural areas and strategies for local recruitment.



Cultural Competency and Diversity:

- ❏ Recognition of BAME inequalities in outcomes.
- ❏ Emphasis on cultural competency and continuity of care representing the local population.

Psychological Support and Trauma-Informed Services:

- ❏ Trauma-informed services as a key aspect of the workforce.
- ❏ Provision of psychological support for staff and focus on resilience.
- ❏ Implementation of clinical supervision for all staff.

Sustainability:

- ❏ Promotion of sustainability in healthcare planning.

Continuity of Care and Community Engagement:

- ❏ Emphasis on continuity of care to improve outcomes.
- ❏ Community engagement and education, e.g., Aberystwyth/Ceredigion education of roles in schools.
- ❏ Promotion of kindness, civility, and a supportive culture within the healthcare system.



Recruitment

Recruitment Strategies:

- ❏ Lack of planning for the profile of the workforce being recruited.
- ❏ Challenges in attracting the right staff, need to focus on 'a grow your own approach'.
- ❏ Difficulty in recruiting to whole-time equivalents, leading to rota gaps.

Training and Career Pathways:

- ❏ Inadequate career guidance and clear pathways, emphasising the need for engagement with school-age children.
- ❏ Decline in student numbers, particularly in paediatrics, and the loss of skilled and experienced staff.
- ❏ Importance of showcasing what Wales has to offer, including its scenery and housing affordability, to attract staff.

Staff Retention and Well-being:

- ❏ Recognition of burnout as a significant issue, impacting retention after the first year.
- ❏ The need for more responsive and timely psychological support for staff and families.
- ❏ Recognition of the benefits of diverse staffing models, including twilight shifts and altered working patterns.
- ❏ Importance of imaginative staffing models to promote work-life balance.
- ❏ Addressing practices, such as not paying nurses for breaks and nurses not having time or being able to take a break.
- ❏ Establishment of a regional/national bank for neonatal nurses to enhance flexibility across the network.

Flexible Working and Well-being:

- ❏ The importance of recognising individual needs and offering flexible working options.
- ❏ Implementation of self-rostering schemes and innovative models, such as the "any hrs" system in London.
- ❏ The need for an understanding approach to staff members, especially mothers, who may need time off for family-related issues.

Psychological Support and Well-being:

- ❏ Recognition of the moral burden on staff managing excessive workloads and feeling unable to provide the best care.
- ❏ Promotion of clinical supervision in a positive light to reduce staff perception of wrongdoing.
- ❏ The need for enhanced psychological support to reduce burnout, sick leave, and turnover.
- ❏ Calls for a more positive portrayal of psychological support to reduce stigma and encourage utilisation.

Recognition and Rewards:

- ❏ Acknowledgment that rewards and recognition are meaningful only when staff feel listened to.
- ❏ The importance of addressing staffing levels to prevent staff from feeling overburdened and unable to provide optimal care.

Recruitment Challenges and Solutions:

- ❏ Challenges in recruiting neonatal nurses, with a suggestion to focus on international recruitment with a package of support.
- ❏ Recognition of the need for more nurses and a call for short-term solutions, including increased international recruitment.
- ❏ Issues with commissioning places and a potential loss of skilled staff with diverse skills and wisdom.

Visibility and Engagement:

- ❏ The need for engagement with school-age children and early career guidance to inspire future healthcare professionals.
- ❏ Promotion of roles through patient stories and positive experiences rather than dry career discussions.
- ❏ The importance of visibility through career fairs, recruitment roadshows, and social media to inspire the younger generation.



Infrastructure and Planning:

- ❏ Recognition of the importance of local training places and the need for geographical considerations in training.
- ❏ Discussion on the reality of professional roles and the value of experience, particularly in critical care areas.
- ❏ Calls for an increase in staff numbers to cover part-time roles, address attrition, and pay issues.

Staff Development and Progression:

- ❏ Emphasis on progression opportunities, leadership development, and a positive workplace culture.
- ❏ Need for a clearer understanding of career pathways, expectations, and role responsibilities, including shifts.

Diversity and Recognition of Different Roles:

- ❏ Recognition of the need for a diverse workforce and understanding different needs for various roles, such as psychologists.
- ❏ Promotion of diverse role awareness and the value of roles beyond traditional healthcare professions.

Long-Term Planning and Funding:

- ❏ Recognition of the importance of long-term planning and addressing funding issues to support workforce development.
- ❏ Calls for financial incentives for specialist roles and acknowledgment of the financial contributions of staff in different roles.
- ❏ Discussion on the need for an increase in funding and the potential benefits of increasing taxes.

Equality and Diversity:

- ❏ Addressing the equality and diversity gap through funding, bridging initiatives, and increased job flexibility.
- ❏ Recognition of the importance of fair succession planning and breaking down barriers to international recruitment.

Retention

Leadership and Compassion:

- ❏ Prioritising health and well-being as key drivers, with a focus on compassionate leadership.
- ❏ Encouraging an everyone-as-leader approach, challenging hierarchical values.

Pathways and Development:

- ❏ Clear pathways for development and career progression.
- ❏ Emphasis on reflecting spaces, clinical supervision, and mentorship opportunities.
- ❏ Recognition schemes and sharing positive feedback.

Flexible Working and Trust:

- ❏ Flexible working identified as crucial to retention.
- ❏ Position of trust, allowing flexibility, and supporting job progression.
- ❏ Acknowledging the importance of a supportive and trusting workplace culture.

Mental Health and Well-being:

- ❏ Mental health champions and increased staff for manageable caseloads.
- ❏ Recognition of the impact of pay scales, rewards, and communication on staff well-being.

“ Ensure training and wellbeing interventions around work related trauma are factored into people’s job plans.”

Professional Development and Opportunities:

- ❏ Opportunities for development, including secondments, rotations, and additional training.
- ❏ Encouragement for staff to work innovatively and access education and external courses.

Team Culture and Well-being:

- ❏ Celebrating success through various channels, including TV, social media, and Tik Tok.
- ❏ Promotion of a healthy culture, attitude to work, and team building across banding.
- ❏ Emphasis on well-being and a balanced workforce vs. service needs.

Recognition and Visibility:

- ❏ Recognition of individuality, neurodivergence, and diversity.
- ❏ Acknowledging basic needs, protected breaks, and appreciation for staff roles.
- ❏ The importance of staff feeling valued, part of a team, and a sense of belonging.

Leadership and Culture:

- ❏ Compassionate leadership as a catalyst for increased productivity, better patient care, and morale.
- ❏ Leadership visibility, clinical presence, and effective communication.
- ❏ Celebrating roles, promoting a positive NHS culture, and managing difficult news/media.

Innovation and Individuality:

- ❏ Freedom to work innovatively, promote innovation through QIS, PDSA, and individuality.
- ❏ Promotion of a culture that values individual staff members and supports career progression.

Staff Development and Progression:

- ❏ Clear progression pathways, flexible working, and opportunities for education and development.
- ❏ Investment in staff through staff benefits, nursery/retire-and-return schemes, and menopause support.

Infrastructure and Support:

- ❏ Infrastructure improvements, communication across teams, and breaking down hierarchical barriers.
- ❏ Time allocation for job roles, effective change management, and workforce planning to address leave and sickness.

Employee Well-being and Balance:

- ❏ Support for psychological well-being tailored to individual needs.
- ❏ Encouragement for a culture that supports open, honest conversations.
- ❏ Achieving a healthy work/life balance through flexible schedules and self-rostering.

Community Engagement and Support:

- ❏ Social opportunities, workplace culture, and trust in people to do their job.
- ❏ Involving everyone in meetings and forums, breaking down hierarchies, and addressing favouritism.
- ❏ Empathy, support, and a positive culture as key elements for retention.



Retention Initiatives and Programs:

- ❏ Implementation of preceptorship programmes with a focus on reflection, encouragement, and support.
- ❏ Sharing experiences between staff and organising cohesion events for teams.
- ❏ Challenges in volunteer recruitment and the need for more streamlined processes for peer supporters.

Equity and Fairness:

- ❏ Ensuring fairness in the workplace, equal recognition of bands and professions, and awareness of workplace dynamics (e.g., 'clicks').
- ❏ Addressing performance punishment, providing equal opportunities for progression, and acknowledging the value of experienced staff.

Workplace Environment:

- ❏ Considering the physical workplace environment, availability, and work/life balance, including shift patterns.
- ❏ Addressing issues related to workload and job roles that impact staff well-being.
- ❏ Encouraging meaningful appraisals that focus on clinical work and individual well-being.

Retention Challenges:

- ❏ Specific challenges include difficulties in flexible working within certain services and the need for prioritisation.
- ❏ Limited resources, both in terms of people and estate, leading to challenges in providing adequate support and recognition for frontline staff.
- ❏ The need for increased support for clinicians to focus on clinical roles, recognition of diverse roles, and adequate funding for retention initiatives.



Training

Funding and Accessibility:

- ❏ Funding is identified as a crucial factor for training programmes.
- ❏ The importance of training being accessible, including options from various sources/providers.

Supervision and Support:

- ❏ Emphasis on supervisor support, direction, and encouragement for trainees.
- ❏ Ensuring that Mandatory Appraisal and Development Reviews (PADRs) are more than a paper exercise.

Standardisation and Equitable Access:

- ❏ Ensuring standardisation of Maternity Training (MT) across Wales.
- ❏ Advocating for equitable access to training.

Multidisciplinary Training:

- ❏ Promoting multidisciplinary training for roles and competencies.
- ❏ Encouraging interprofessional learning, including spending time with other professionals.

“ Study days for multidisciplinary team study. Improved access to training and support. Clear pathways for development and progression.”

Professional Pathways and Mandatory Training:

- ❏ Establishing clear professional pathways and relevant mandatory training in health boards.
- ❏ Recognising that perinatal training is “everyone’s business” for those working with parents or who have been parents.

Protected Time and Resources:

- ❏ The need for protected time and resources for training, including access to computers.
- ❏ Opportunities for funding to teach within the team and the importance of simulation kit.

Digital Training and Infrastructure:

- ❏ Embracing digital training platforms and the move towards paperless resources.
- ❏ Addressing issues related to infrastructure, technology, and access to online training.

Role-Specific and Individualised Training:

- ❏ Advocating for role-specific and individualised training, including targeted mandatory training.
- ❏ Recognising the value of apprenticeships and acknowledging the diverse roles

within the perinatal workforce.

Collaboration and Shared Learning:

- ▣ Collaborative approaches to training, including sharing learning opportunities between different hospitals.
- ▣ Identifying the importance of networks, shared learning, and collaboration with universities.

Recognition and Compensation:

- ▣ Recognition of training through pay grade adjustments.
- ▣ Acknowledging financial remuneration and extended roles requiring qualifications.

Cultural Competency and Diversity Training:

- ▣ Promoting cultural competency training and acknowledging the importance of addressing individual training needs.
- ▣ Encouraging training on relevant co-morbidities, and topics such as domestic violence, and investing in perinatal mental health training.

Retention and Succession Planning:

- ▣ Aligning training with retention strategies, including succession planning.
- ▣ Recognising the value of growing one's own workforce and providing in-built resilience through training.

Challenges and Solutions:

- ▣ Identifying challenges such as lack of exposure for students and inadequate induction processes.
- ▣ Addressing issues related to the staffing crisis and its impact on study leave, e.g. QIS training, and junior doctors' work patterns.

Continuous Review and Improvement:

- ▣ Advocating for continuous review of training curriculum and standards.
- ▣ Encouraging a focus on human factors training, simulation, and equipment to enhance training quality.

Community Engagement and Collaboration:

- ▣ Engaging with communities and universities to promote neonatal training.
- ▣ Advocating for more exposure to neonatal care for students through rotations and streamlined processes.

Efficiency and Standardisation in Induction:

- ▣ Highlighting the need for efficient induction processes, standardised recruitment, and addressing delays in starting due to administrative checks.

Communication and Leadership Training:

- ▣ Recognising the importance of communication skills and leadership training for staff.
- ▣ Advocating for incentives and increased support for staff involved in breastfeeding support.

Study Leave and Training Impact:

- ▣ Recognising the impact of staffing crises on study leave availability and its subsequent effect on mandatory training completion.
- ▣ Identifying the need for a realistic approach to study leave percentages, considering workforce headroom.

Curriculum Review and Digital Competency:

- ▣ Advocating for a review of the QIS curriculum to align with current workforce needs and acuity and complexity.
- ▣ Recognising the importance of digital competency and access to online training for staff.

Visibility and Promotion of Neonatal Training:

- ▣ Highlighting the need for increased promotion of neonatal training in universities and inclusion in core foundation programmes.
- ▣ Recognising the importance of promoting the value of neonatal training for the workforce.



Transformation

Role Review and Specialisation:

- ▣ Advocacy for the review of roles and the establishment of specialist roles.
- ▣ Recognition of the importance of support for user involvement in maternity and neonatal volunteer groups, including paid roles similar to England.

Innovation and Realistic Time Allowances:

- ▣ Emphasis on innovation, thinking outside the box, and providing realistic time allowances for transformation initiatives.
- ▣ Promoting a culture that values skills, supports, and embraces change.

Digital Transformation:

- ▣ Implementation of electronic patient record systems and a push towards paperless services (All Wales).
- ▣ Leveraging technology, data, and AI for better patient care, booking management, and analysis.

Collaboration and All-Wales Approach:

- ❏ Encouraging collaboration and an All-Wales approach to service transformation.
- ❏ Recognising the increase in complexity and Length of Stay (LOS) requiring a dynamic team, including Allied Health Professionals (AHPs).

“ All Wales approach to avoid miscommunication, joined up working, proper data tracking and quality improvement.”

Training for Leadership Roles:

- ❏ Advocating for training programs for leadership roles, including clinical leadership roles for AHPs.
- ❏ Promoting the understanding of roles and skill mix within roles.

Equitable Investment and Societal Changes:

- ❏ Ensuring equitable investment in transformation initiatives according to need.
- ❏ Recognising the need for changes on a societal level to support healthcare transformation.

Efficiency and Standardisation:

- ❏ Promoting efficiency through standardisation of services and an All-Wales approach.
- ❏ Recognition of the need for joint contracts, existing networks, and information flow between teams.

Management and Leadership Development:

- ❏ Developing management and leadership capabilities to drive positive culture change.
- ❏ Promoting a positive workplace culture and acknowledging the importance of psychological support for staff.

Digital Working and Infrastructure Improvement:

- ❏ Advocating for digital working, including the improvement of IT infrastructure.
- ❏ Identifying the need for a standardised documentation system and interdepartmental communication.

“ With so much documentation required, a fit-for-purpose digital system is required. A one digital platform for multi professional working.”

Focus on Human Skills and Wellbeing:

- ❏ Emphasis on focusing on human skills alongside technological advancements.
- ❏ Promoting initiatives for psychological support, stress management, and wellbeing.

Community Engagement and Networks:

- ❏ Acknowledging the importance of community engagement and collaboration with third sectors.
- ❏ Recognising the role of networks in supporting specialist roles and competency development.

Staffing and Workforce Planning:

- ❏ Addressing challenges related to staffing, workforce planning, and recruitment.
- ❏ Advocating for better workforce planning that includes AHPs and consultants' time spent on follow-up and early intervention.

Investment in Breastfeeding Support:

- ❏ Highlighting the importance of breastfeeding support and questioning funding sources for breastfeeding provisions.
- ❏ Advocating for the inclusion of breastfeeding support roles and adequate resources for this purpose.

Career Pathways and Family Integrated Care:

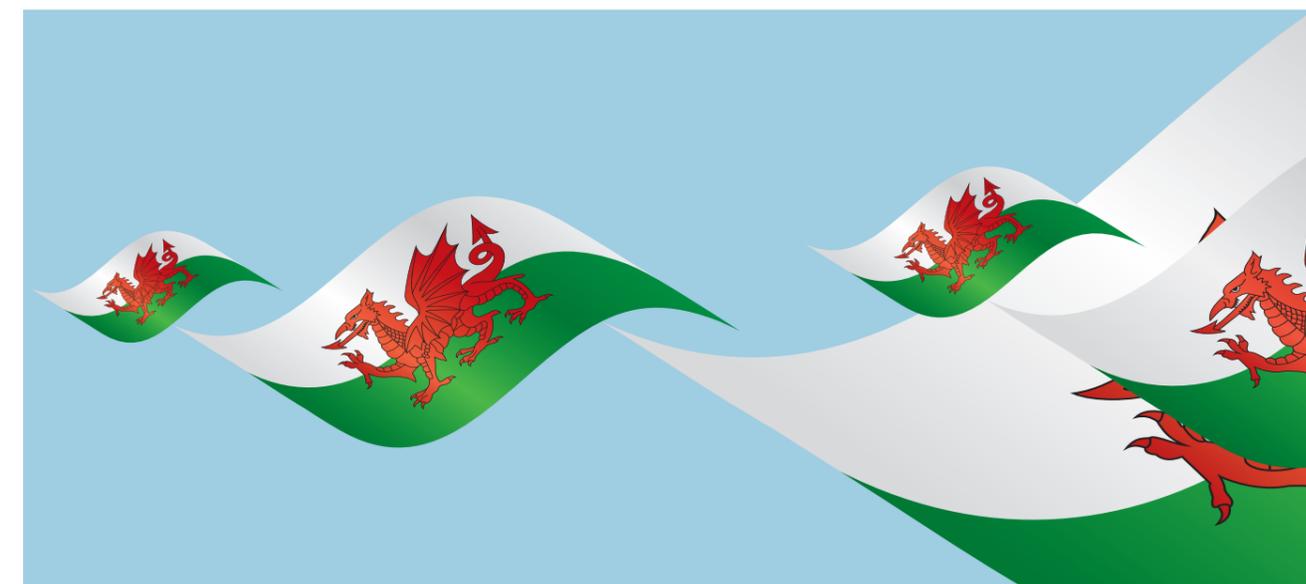
- ❏ Improving career pathways for various roles within neonatal services.
- ❏ Recognising the need for Family Integrated Care leads and coordinators to reduce the length of stay for babies.

Safeguarding and Third-Sector Collaboration:

- ❏ Identifying the need for a Safeguarding specialists.
- ❏ Advocating for joined-up working with the third sector and recognising cost-effectiveness in sourcing from third-sector organisations.

Advanced Practice and Staffing Patterns:

- ❏ Evolving Advanced Neonatal Nurse Practitioner (ANNP) career pathways within neonatal teams.
- ❏ Addressing challenges related to staff working 0.8 and exploring sustainable staffing patterns.



Skills Integration and Capacity Building:

- ❏ Promoting skills integration across health boards and capacity building.
- ❏ Recognising the importance of support staff, admin roles, and the need for an electronic ordering system.

Transformation Journey Understanding:

- ❏ Advocating for a better understanding of the transformation journey.
- ❏ Promoting the review of documentation systems and the inclusion of patients in accessing their own records.

Efficient Training Mechanisms:

- ❏ Highlighting the importance of efficient training mechanisms, including bottom-up initiatives and forums for learning, and sharing ideas.
- ❏ Recognising the importance of training focusing on clinical competency rather than academic qualifications.

Transformation Initiatives and Data Collection:

- ❏ Advocating for evidence-based and purpose-driven transformation initiatives.
- ❏ Recognising the role of AI in data collection and analysis for better decision-making.

The themes identified here provide a comprehensive overview of the needs and strategies for transformation in perinatal healthcare services. These encompass workforce development, technological advancements, collaboration, and a focus on patient and staff wellbeing.

From the face-to-face events, the perinatal workforce told us that they are seeking a transformative shift in healthcare that prioritises innovation, digitalisation, and specialisation. There is a strong call for an All-Wales approach, emphasising collaboration and the standardisation of services.

The desire for digital transformation is evident, urging the implementation of electronic patient record systems, paperless services, and the integration of AI and data analytics. Staff express a need for realistic time allowances, acknowledging that innovation and change require careful planning and consideration to ensure successful implementation.

Career pathways and professional development are pivotal for the workforce. There is a clear call for training programmes, especially in leadership roles and AHPs, to understand and adapt to evolving healthcare needs.

Equitable investment, both in financial resources and societal changes, is crucial for achieving positive transformation. The workforce emphasises the importance of psychological support, positive workplace culture, and staff wellbeing. They seek acknowledgement of the challenges they face, such as staffing issues, and advocate for fair and inclusive workforce planning.

The workforce is passionate about patient-centred care and highlights the need for specialised roles, particularly in breastfeeding support and family-integrated care. There is a plea for recognition of the vital role these services play in patient outcomes and life-long impacts. Collaboration with third-sector organisations and acknowledging the value of community engagement feature prominently.

Overall, the workforce wants a holistic approach to healthcare transformation that embraces technology, prioritises the wellbeing of both staff and patients. Alongside an approach that concurrently fosters a positive and collaborative work environment.

Online webinars

To ensure a standardised approach, our online webinars followed the same format however we did not have the time to have as long a discussion. Therefore, we focused on the four themes of recruitment, retention, training, and transformation. However, the webinars also raised the need to have a **clear and standardised definition of the perinatal period**. For example, the timeline of perinatal mental health services being very different to the period where women and babies are cared for in a neonatal unit.

Attraction and recruitment

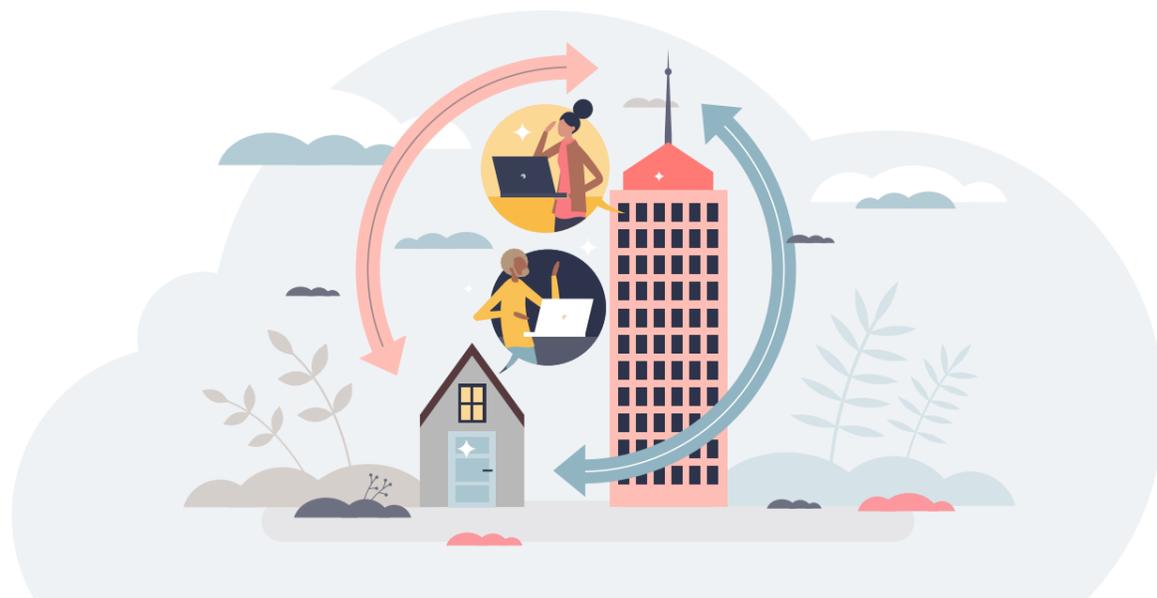
- ❏ **Supportive Training Culture:** Emphasis on fostering a positive and supportive training culture, where both students and staff find fulfilment in their work. A focus on compassionate leadership and ample opportunities for learning beyond clinical environments emerged as key factors.
- ❏ **Engaging Communication Strategy:** A call for an engaging communication strategy incorporating videos and real stories. This is to demystify the profession, highlight the fascinating aspects of neonatal units and attract a diverse workforce.

“ Communicate the positive aspects of the job. We need to open up areas to different staff groups and show how rewarding working in the perinatal environment can be. We should give current staff time to be perinatal champions.”

- ❏ **Placement Opportunities:** Recognising the importance of having sufficient placements to allow individuals to grow into roles, addressing attrition concerns and providing exposure to different pathways within perinatal careers.
- ❏ **Diversity and Inclusivity:** A focus on diversity, both in student recruitment and workforce planning, to ensure a more inclusive representation that reflects the communities being served.
- ❏ **Attraction and Retention Strategies:** Addressing the attrition challenges through initiatives like apprenticeships, streamlined pathways, and creating supportive frameworks like the Preceptorship programme. Exploring avenues for growing talent internally and connecting with other health boards to share best practices.
- ❏ **Role of Occupational Health:** Recognising the importance of occupational health, and wellbeing of the workforce.
- ❏ **Visibility and Career Mapping:** Creating a visible service, developing career maps, and supporting midwives in band 6/7 roles. This should be achieved through effective people management skills and compassionate leadership.
- ❏ **Educational Support:** Providing financial support for education, development, and training, along with ensuring access to a robust career framework offering lateral and upward mobility.
- ❏ **Early Exposure and Recruitment:** Encouraging recruitment from early on, enhancing work experience opportunities and working with schools and communities to showcase perinatal roles and careers. Revisiting training programmes to cover a broader range of experiences, including exposure to neonatal care for nurses and midwives.

Retention

- ❏ **Work Environment Challenges:** Concerns about high-pressure work environments, understaffing, and the impact on midwives' ability to provide effective care. The effectiveness and accuracy of the Birthrate Plus tool was questioned for understaffing issues.
- ❏ **Flexible Working Solutions:** Recommendations for family-friendly policies, flexible working hours, and diverse shift patterns. These recommendations aim to improve work-life balance, job satisfaction, and retention.
- ❏ **Financial Support and Expectations:** Suggestions for providing financial support for students, paid placements, and addressing financial challenges, such as childcare costs during training.
- ❏ **Support Systems and Morale:** Emphasis on building supportive cultures, ensuring adequate support for students, and addressing morale issues, especially in postnatal care and community midwifery.
- ❏ **Career Pathways and Diversity:** Calls for clear career pathways, diverse roles, and advanced practice levels in maternity.
- ❏ **Impact of Understaffing:** Recognition of the impact of understaffing on the ability to provide continuity of care, job dissatisfaction, stress, and the reduction of options for birthing choices.
- ❏ **Cultural Shifts:** Need for positive cultural shifts, hope for improvement, and effective plans to counteract disheartening situations, along with fostering compassionate leadership and addressing staff concerns.
- ❏ **Structured Support and Supervision:** Calls for structured support systems, mandatory supervision, and access to psychological safe spaces for staff to discuss challenges and receive psychological support.
- ❏ **Engagement, Communication, and PADRs:** Recognition of the importance of engagement, effective communication, and Personal Appraisal and Development Reviews (PADRs) that go beyond tick-box exercises. This will better support career aspirations.
- ❏ **Focus on Community and Paediatrics:** A need to consider how community and paediatrics integrate with neonates, promoting continuity of care, and exploring different patterns of working to accommodate experienced staff.



Training

Need for Benchmarking and Clarity:

- ❏ Demand for benchmarking in infant feeding and clarity on career pathways, education requirements, and options available.
- ❏ Emphasis on maintaining training quality, access, finances, time, space, and support throughout a midwife's career.

“Improved access to training and support. Clear pathways for development and progression.”

Continued Professional Development (CPD) Challenges:

- ❏ Recognition that CPD often gets cut during busy periods; cultural shift needed to prioritise and mandate CPD within job descriptions.
- ❏ Proposals for linking future salaries to individual CPD, addressing time constraints for midwives supporting students, and arranging meetings on days off.

Investment in Senior Management and Career Development:

- ❏ Calls for investment in senior management progression, deputy head/head of midwifery pathways, and opportunities for professional doctorates and PhDs.
- ❏ Suggestions to factor in time and financial resources for individual staff training needs.

Mandatory Training and Study Days:

- ❏ Advocacy for including mandatory training in the Birthrate Plus tool calculations.
- ❏ Recommendations for allocating mandatory study days for staff, as well as additional time for well-being, possibly a yearly well-being day.

Emphasis on Emotional Impact Training:

- ❏ Recognition of the need for training opportunities around the emotional impact on babies, families, and staff, not solely focused on physical outcomes.
- ❏ Acknowledgment of specific skills needed for occupational therapists on neonatal units, highlighting challenges and potential solutions.

Multiprofessional Approach and Well-being Support:

- ❏ The need for a multiprofessional approach, good culture, and psychological safety in training environments.
- ❏ Proposals for structured support, psychological support, and well-being programmes for both midwifery and neonatal staff.

Recognition of Psychological Safety and Debriefing:

- ❏ Importance of supervision as a safe place for reflection on clinical practice and a need for psychological safety.
- ❏ Calls for debrief opportunities, particularly after challenging incidents, with emphasis on inclusivity and profession-specific considerations.

Career Development and Recognition of Skills:

- Advocacy for career development for senior midwives, recognising skills, and offering diverse roles within midwifery.
- Acknowledgment of the need to invest in staff well-being, create supportive work environments, and ensure good staffing levels.

Integration of Mental Health Training:

- The importance of integrating perinatal mental health training, with suggestions for mandatory modules while avoiding it becoming a mere tick-box exercise.
- Recognising engagement challenges due to staff time constraints and advocating for individual training needs analyses.

Holistic Approach to Postnatal Care:

- Recognition of the need for a more holistic-based role in midwifery, emphasising relationships with patients and nurturing postnatal environments.
- Suggestions for a culture change, focusing on patient relationships, and addressing the challenges in postnatal care.



Transformation

Diverse Ways of Working:

- Recognition of the increase in part-time work among consultants in paediatrics and neonatology.
- Advocacy for support structures catering to both part-time trainees and full-time, fully qualified professionals.

Workforce Utilisation and Quality of Service:

- Need for better utilisation of the workforce, addressing underfunding, and exploring new roles like Physician Associates.
- Calls for a more appropriate Multidisciplinary Team (MDT) to reduce stress on midwives and enable earlier discharges.

Psychological Support and Traumatic Delivery:

- Identification of the need for psychological support postnatally, with a focus on addressing traumatic deliveries to reduce intervention rates in subsequent pregnancies.
- Shifting the approach from a pathology-based view to a strengths-based view, empowering parents to manage their babies' needs.

Digital Transformation:

- Emphasis on getting the digital element right, suggesting an all-Wales digital system for increased efficiency and safety.
- Proposals for an NHS app for pregnant women to provide evidence-based information, appointment details, and neonatal unit guidance.

Role-Specific Focus vs. Multi-Tasking:

- Divergent opinions on whether midwives should focus solely on their role or take on multiple responsibilities, with emphasis on continuity of care.
- Recognising the need for midwives to be knowledgeable about the digital world for visionary planning.

Standardisation and Transformational Leadership:

- ❏ Calls for a standardised approach in leadership and specialist roles across Wales.
- ❏ Need for dedicated posts for trainers, a tiered model of service delivery, and a fair and equitable workforce approach.

Challenges and Opportunities in Transformation:

- ❏ Recognition of challenges, such as duplication of paperwork and policy changes, with proposals for protected time for policy updates.
- ❏ Acknowledgment of retention issues with suggestions to address attrition, including flexible working.

Innovative Workforce Development:

- ❏ Proposals for a band four role in midwifery, exploring possibilities for their governance and a potential transfer into an apprenticeship scheme.
- ❏ Advocacy for alternative schemes for Health Care Assistants (HCAs) to transition into midwifery, emphasising the importance of a good career pathway.

Concerns about Increasing Attrition and the Need for Standardisation:

- ❏ Recognition that more students may not be the answer, with emphasis on the importance of quality, exposure, supervision, and experience.
- ❏ Proposals for addressing attrition through development of a band four role in maternity. Also lobbying the NMC (Nursing and Midwifery Council) for regulatory changes to acknowledge prior learning allowing a shortened midwifery course. Develop alternative routes to registration for midwifery e.g. apprenticeships.

The perinatal workforce's challenges and transformational needs came to the forefront through various lenses during the webinars. Key recommendations include advocating for a standardised definition of the perinatal period to guide targeted recruitment efforts.

The call for a positive training culture, characterised by compassionate leadership and non-clinical learning opportunities, highlights the multifaceted approach required for workforce development.

Additionally, an engaging communication strategy, featuring real stories and videos, is proposed to demystify the profession and attract a diverse talent pool. The focus on retention reveals multifaceted challenges, from high-pressure work environments to understaffing concerns.

Recommendations encompass flexible working solutions, financial support for students, and clear career pathways to enhance job satisfaction and overall retention.

Training considerations emphasise benchmarking, career pathway clarity, and a cultural shift prioritising continued professional development (CPD).

Proposals include linking salaries to CPD, investing in senior management progression, and integrating mandatory training into assessments.

The need for training in perinatal mental health, a multiprofessional approach, and well-being programmes underscores the holistic nature of training environments.

The transformational aspects involve diverse ways of working, workforce utilisation, psychological support postnatally, and effective digital transformation for increased efficiency and safety.

The challenges and opportunities in perinatal workforce transformation are comprehensively acknowledged, emphasising standardisation in leadership, innovative workforce development, and addressing attrition through alternative schemes.

The insights provided collectively reflect a vision for an evolved, resilient, and diverse perinatal workforce. The journey encompasses not only overcoming existing challenges but also paving the way for a transformative future in perinatal care.

Overall Analysis

We heard from a wide range of perspectives during the Conversation, with similar themes throughout all mediums but also with specific points that emerged during each session.

From all the contributions explored in this document, the Conversation can be summarised in ten key points. These points must be considered when developing the Strategic Perinatal Workforce Plan.

The Conversation in 10

Staffing Levels
The perinatal workforce (PWF) stresses the urgent need for increased staffing levels. This encompasses concerns about workload management, stress, burnout and the impact of care provided to service users.

Digital Transformation
The PWF recognises the significance of embracing digital and technological advances for improved efficiency. There is a call for the adoption of electronic systems, AI, data analytics and systems that support person-centred care.

Training and Support
The perinatal workforce believes training and support to be of critical importance, with a focus on continuous professional development. This extends to leadership and management training, the importance of non-clinical learning opportunities, and a culture that prioritises ongoing education to adapt to evolving healthcare needs.

Workforce Wellbeing
The perinatal workforce wants to see strategies that address high-pressure work environments, improve working conditions, and foster positive workplace cultures.

Collaboration and Communication
The perinatal workforce wants to see more collaboration on an All-Wales basis, with networking and regional working embedded across services and across sectors.

Retention and Attraction Strategies
The perinatal workforce emphasises better retention and attraction with a focus on improved working condition, better pay and benefits, clear career pathways, and a balance between work and personal life.

Transformational Leadership
The perinatal workforce wants to see compassionate leadership principles displayed across the NHS, with transparency, support, fairness, leading by example, diversity, and fostering collaboration seen as crucial components.

Person-Centred Care
The perinatal workforce expressed a commitment to person-centred care, emphasising the need for specialised roles, acknowledgement of the impact of services on patient outcomes and a plea for a holistic approach to healthcare and transformation.

Standardisation and Innovation
The perinatal workforce envisions a balance between standardised approaches and innovative solutions to address the challenges in perinatal healthcare.

Career Development and Diversity
The perinatal workforce calls out the importance of career development, inclusion and diversity, with equitable investment in training programmes, opportunities for diverse roles and acknowledgment of the value of a diverse workforce.

Next Steps

The Maternity and Neonatal Conversation Wales has provided the programme team developing the Plan with critical insights into the views of the perinatal workforce.

However, there are caveats around this- insomuch that the workforce is, rightly, focused on the day-to-day challenges impacting the workforce and patients.

It is difficult to consider the future perinatal profession of 2034 without being impacted by the prescient needs of today.

Therefore, it is of vital importance these findings are triangulated with the research and evidence gathering, and the workforce data and analytics. This will develop a robust workforce plan that resolves the challenges affecting the workforce but also develops a sustainable workforce driven by service user need.

This report should be used as a constant reference point when developing the Plan. This will ensure the people who this process is supposed to support- the workforce- feel listened to and can see themselves in the Plan.